



**CALIFORNIA ARCHITECTS BOARD**  
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## CONSUMER COMPLAINT FORM

### 1. SUBJECT (Person Complaint is Against)

Last Name	First Name	Middle Name
Business Name		
Business Address		
City	State	Zip Code
Business Phone (     )	Home Phone (If Known) (     )	Architect License Number (If Known)

### 2. COMPLAINANT (Person Making the Complaint)

Last Name	First Name	Middle Name
Address		
City	State	Zip Code
Business Phone (     )	Home Phone (     )	Best Time of Day to Contact You

3. Did you have a contract or letter of agreement with the subject?..... YES ☐ NO ☐  
 (If yes, please attach a copy.)

4. Have you discussed your complaint with the subject? ..... YES ☐ NO ☐

5. Have you contacted an attorney regarding this matter?..... YES ☐ NO ☐  
 If so, provide your attorney's name, address and phone number.

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6. Have you filed a claim in any court regarding this complaint? ..... YES ☐ NO ☐

If so, name court:\_\_\_\_\_

and indicate hearing date, if scheduled:\_\_\_\_\_

7. What do you want the person or company to do to satisfy your complaint?\_\_\_\_\_

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8. Describe the nature of your complaint on the reverse side.

*(Please note: Your signature is required on the reverse side of this form.)*

## NATURE OF YOUR COMPLAINT

Describe the events which led to your complaint and specify pertinent dates, monies paid, balances owed, amounts claimed by third parties, etc. Use additional paper if necessary. Please attach any documentation which will help support your complaint.

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**The filing of this complaint does not prohibit you from filing a civil action.**

**I hereby certify under penalty of perjury under the laws of the State of California that to the best of my knowledge all of the above statements are correct. If called upon, I will assist in the investigation or in the prosecution of the respondent or other involved parties, and will, if necessary, swear to a complaint, attend hearings and testify to facts.**

**YOUR SIGNATURE**\_\_\_\_\_ **DATE**\_\_\_\_\_